



CANNON BUILDING
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**BOARD OF EXAMINERS OF NURSING HOME
ADMINISTRATORS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION

INSTRUCTIONS

When to Submit

Complete this application to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Nursing Home Administrator (NHA) license in Delaware. Either Delaware-licensed NHAs or program providers may submit an application. The Board must **pre-approve** self-instruction or home study courses, videos, computer-assisted programs, and teleconferences. You may submit all other types of CE to the Board either before or after the program. However, if the program is not approved, you will be notified and no CE credit given.

The Delaware Board of Examiners of Nursing Home Administrators automatically approves any course/program that the National Association of Long Term Care Administrator Boards (NAB) has previously approved. If NAB has approved this program/course, **STOP. You do not need to submit this application.**

For full details on the continuing education requirements, see Section 5.0 of the [Rules and Regulations](#).

Documentation Required

Submit the following documentation for each course:

- ☐ Complete and sign request form.
- ☐ ***If request is submitted by a course provider, enclose fee of \$35 by check or money order payable to "State of Delaware." If a Delaware-licensed Nursing Home Administrator submits the request, no fee is required.***
- ☐ Enclose a complete syllabus that includes the course objectives and detailed timeline showing the time spent on each topic and all scheduled breaks.
- ☐ Enclose resume or curriculum vitae for each instructor.

Responsibilities of Program Providers/Sponsors

When a student successfully completes a course, supply the student with a certificate of attendance. This certificate must show at least the information at right:

- Student name
- Sponsor's name
- Course title
- Date course completed
- Number of credit hours
- Instructor name(s)
- Signature of instructor or designated official

The program/course provider must distribute certificates of attendance *only* upon completion of the program.

Responsibilities of Nursing Home Administrator Licensees

Maintain all original certificates of attendance for CE programs for one year after the end of the licensure period for which you obtained the certificates. If you are selected for audit, you must submit original certificates of attendance to the Board office.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): ☐ Course Provider ☐ Delaware-licensed Nursing Home Administrator
2. If you are a NHA licensee requesting approval of a course, enter:
Your Name _____ Delaware License #: H1 - _____
Phone: _____ Email: _____
3. If you are a Sponsor requesting approval of a course, enter:
Sponsored by: _____
Contact Person: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____

REQUESTER COMPLETES THIS SECTION (continued)

4. **Total Contact Hours Requested (Excluding Breaks):** _____
5. Course Title: _____
6. Course Date(s): _____
7. Course Location: _____

Enclose a complete syllabus that includes the course objectives and detailed timeline showing the time spent on each topic and all scheduled breaks.

8. Check the general subject area:

- ☐ General administration
- ☐ Therapeutic and supportive care and services in long-term care
- ☐ Local health and safety regulations
- ☐ Psychology of patient care
- ☐ Principles of medical care
- ☐ Personal and social care
- ☐ Applicable standards of environmental health and safety
- ☐ Department organization and management
- ☐ Community interrelationships
- ☐ Business or financial management
- ☐ Other: _____

9. Check the type of program:

- ☐ Classroom setting conducted *solely* by an accredited educational institution
- ☐ Classroom setting conducted *solely* by an association, professional society, or other professional organization
- ☐ Classroom setting conducted *jointly* by an accredited educational institution *and* an association, professional society, or organization
- ☐ Self-instruction or home-study course, video, computer-assisted program, or teleconference (must be pre-approved by the Board)

10. List all course instructor(s):

Enclose resume or *curriculum vitae* (CV) for each presenter.

INSTRUCTOR NAME	TITLE

Submit this application and all supporting documentation to the Delaware Board of Examiners of Nursing Home Administrators at the address above. If you have questions, email: customerservice.dpr@state.de.us

BOARD OFFICE COMPLETES THIS SECTION

Board Member Review By: _____ Date: _____

☐ Approved: _____ CE Hours ☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

The above request was denied or tabled for the following reason(s): _____

ADMIN TASKS	DATE	ADMIN INITIALS
Notice to Applicant		
Update CE Approval List		
Submit Web Change Request		